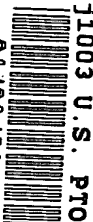


04/02/01



11003 U.S. PRO

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**TRANSMITTAL OF  
UTILITY  
APPLICATION  
UNDER 37  
C.F.R. §1.53**

Attorney Docket No. 4731-500G

First named inventor

Micheal L. Gruenberg

Express mail label #

EL675147244US

Date of mailing

April 2, 2001

11003 U.S. PRO  
04/02/01

04/02/01

**Application Elements**

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 87 pages  
(including claims and Abstract)
  - a. Title: AUTOLOGOUS IMMUNE CELL THERAPY:  
CELL COMPOSITIONS, METHODS AND  
APPLICATIONS TO TREATMENT OF HUMAN  
DISEASE
  - b. Number of claims: 101
3. ☐ \_\_\_ sheets of drawings with \_\_\_ Figs.
4. ☒ Copy of Declaration filed in parent  
application.
5. ☐ Sequence Listing
  - ☐ Paper copy (identical to computer copy)
  - ☐ Computer readable copy
  - ☐ Verified statement

**Accompanying Application Papers**

6. ☒ Copy of assignment from prior  
application
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

**SIGNATURE OF ATTORNEY/AGENT**

HELLER EHRMAN WHITE &amp; McAULIFFE LLP

Stephanie Seidman

Registration Number: 33,779

☒ Divisional application of prior application No: 08/700,565, filed July 25, 1996, which claims the benefit of priority under 35 U.S.C. §119(e) to provisional application 60/044,693, filed on July 26, 1995.

**CORRESPONDENCE ADDRESS**

NAME

Stephanie Seidman  
Registration No. 33,779  
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"040406" 040406

**FEE TRANSMITTAL  
ACCOMPANYING UTILITY  
APPLICATION UNDER  
37 C.F.R. §1.53**

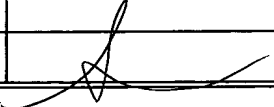
Attorney Docket No.	1-500G
First named inventor	Micheal L. Gruenberg
Express mail label #	EL675147244US
Date of mailing	April 2, 2001

**FEE CALCULATION FOR CLAIMS AS AMENDED**

a)	Basic Fee		\$ 710.00
b)	Independent Claims <u>5</u> - 3 = <u>2</u> x \$ 80.00		\$ 160.00
c)	Total Claims <u>101</u> - 20 = <u>81</u> x \$ 18.00		\$ 1458.00
d)	Fee for Multiple Dependent Claims - \$260.00		\$ 0.00
<b>TOTAL FILING FEE</b>			<b>\$ 2328.00</b>

- [X] Status as Small Entity is claimed, reducing Fee by one-half to \$1164.00
- [X] A check in the amount of \$1164.00 to cover the fee for filing the application.
- [ ] Charge \$ .00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

**CORRESPONDENCE ADDRESS**

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Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037		
	Telephone: 858.450.8400	Facsimile: 858.587.5860	
Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 04/02/01	Deposit Account 50-1213

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